

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Prison Health Services
 105 Westpark Drive, Suite 200
 Brentwood, TN 37027

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery

address different from item 1? ☐ Yes
 or delivery address below: ☒ No

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7006 2760 0002 819 31309

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540